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CONFIRMATION NO. 3682

<b>SERIAL NUMBER</b> 10/549,820	<b>FILING OR 371(c) DATE</b> 09/20/2005 <b>RULE</b>	<b>CLASS</b> 277	<b>GROUP ART UNIT</b> 3673	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Norbert Heske, Kottgeisering, GERMANY; Thomas Heske, Grafrath, GERMANY;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP04/03327 03/29/2004				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 20305093.2 03/29/2003				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 07/06/2006				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 4  <b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> AIR MAIL NORBERT HESKE DORFSTRABE 22A KOTTGEISERING, 82288 GERMANY				
<b>TITLE</b> Coaxial cannula provided with a sealing element				
<b>FILING FEE RECEIVED</b> 1260	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	